



Kansas Department of Health and Environment

# Adult Care Home Program FACT SHEET

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## Resident Assessment Instrument

The Federal regulation requiring electronic submission of the MDS 2.0 to the states has been delayed. The beta testing of the Federally developed software for transmission of MDS data is scheduled for the fall of 1996. These factors may delay the implementation of the MDS 2.0 in Kansas. Provider organizations as well as representatives of KDHE and SRS have been involved in discussions related to the date of implementation. In the event the implementation date is changed from January 1, 1997, facilities will be notified as soon as possible.

A number of facilities in Kansas have not purchased hardware and software to assist their staff in completing the Resident Assessment Instrument. Other facilities may be considering changing software vendors. The Kansas Association of Homes and Services for the Aging (KAHSA) has agreed to make two technical assistance briefs available to skilled nursing facilities and nursing facilities. Both publications were prepared by Marie C. Infante, RN, Esq. The first is entitled **Selecting the Right Computer System for Your Long-term Care Organization**. The second is **Information Systems Contracts: Guidelines to Protect Your Interests**. These two publications contain helpful information for facilities in negotiating with software vendors. Included in the second brief is specific information for the development of a facility specific contract.

Copies of these publications can be obtained by contacting KAHSA at (913) 233-7443. There will be a charge for copying and mailing the documents. Facilities are encouraged to wait to buy the MDS 2.0 software until all state level decisions are made.

## Physician Services

In the last few months the department has received information from physicians concerning the "paper work" nursing facilities are requiring them to perform. In almost every instance, the documents which physicians were being asked to complete or sign are not required by Federal or state regulations. A number of the physicians stated they were either limiting the number of residents they were serving or were no longer willing to provide services to residents in a nursing facility due to the "paperwork burden."

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The following is a review of the requirements related to physician services found in Kansas regulations for adult care homes licensed as nursing facilities. These requirements do not apply to nursing facilities for mental health and distinct part units in hospitals.

1. The medical care of each resident must be supervised by a physician.
2. At admission the physician shall provide the facility with orders for the immediate care of the resident and current medical findings and diagnosis.

The above requirements DO NOT include a requirement for a physical examination. The medical findings should be complete enough that the facility is aware of the resident's medical diagnoses and other pertinent medical information needed to provide appropriate care and services.

3. The resident shall be seen by the physician when it is necessary due to a change in the resident's condition determined by the physician or licensed nursing staff; when requested by the resident or the resident's legal representative; and at least annually.

Physicians should see residents when needed. Residents have the right to refuse a service. Residents may decide to be seen by their physician only when necessary. They have the right to say they do not want to be seen annually.

An annual physical examination has not been a Kansas requirement since November of 1993. Kansas regulations do not require physicians to sign medication orders monthly or bimonthly. Physicians are not required to sign special forms for use of physical and/or chemical restraints.

When a physician visits a resident in the facility or in the physician's office, a copy of the current physician orders should be provided for review. The physician should review the current orders, make necessary changes and sign the orders. A progress note should be in the resident's clinical record following a physician visit.

4. Physicians may delegate visits to an advanced registered nurse practitioner or physician assistant. The frequency of these visits under Kansas regulations are determined by the physician and the resident.

The above requirements are found in KAR 28-39-155.

**FEDERAL REQUIREMENTS FOR PHYSICIAN SERVICES. These requirements apply to nursing facilities, long term care units of hospitals and nursing facilities for mental health which participate in the Medicare/Medicaid programs.**

1. A physician must provide a written order for admission of a resident to a SNF/NF.
2. The resident's medical care must be supervised by a physician.
3. Each time the physician visits the resident, the physician must review the resident's total program of care including medications and treatments. The physician must sign and date all orders. **THERE IS NO FEDERAL REQUIREMENT FOR PHYSICIAN RENEWAL OF ORDERS ON A ROUTINE BASIS, I.E. MONTHLY, EVERY 60 DAYS.**
4. At each visit, the physician must write and sign a progress note.
5. Physicians are to visit residents at least once every 30 days, the first 90 days of admission and every 60 days thereafter.

6. In Medicare certified facilities, the physician must make the first visit, but may alternate subsequent visits with an advanced registered nurse practitioner (ARNP) or physician assistant (PA). In Medicaid certified facilities a physician may delegate all of the visits to an ARNP or PA.
7. Federal regulations provide that residents have the right to refuse a service, including being seen by their physician according to the federal schedule. This decision can be made only by the resident or the resident's legal representative. Federal regulations require that the facility inform the resident of possible risk factors if the resident is not seen by their physician on a routine basis. The facility should provide the resident and/or the resident's legal representative with this information in writing.
8. Physicians are NOT REQUIRED to sign specific forms before a physical and/or chemical restraint is used. A physician's order is required. The resident's clinical record must reflect the need for the use of the physical and/or chemical restraint.

The above information is discussed on pages pp 151-155, pp 114 -128 and pp 44 -47 in the Guidance to Surveyors - Long Term Care Facilities.

**PHARMACY REVIEWS:** Federal and state regulations require the pharmacist performing the drug regimen review report any irregularities to the attending physician. The drug regimen review may be included in material provided the physician at each visit to the resident. The physician is not required to provide their rationale for accepting or rejecting the recommendations of the pharmacist. Signing the report will meet the Federal requirement.

## Credentialing Update

### **Employment Verifications**

To comply with federal requirements that only individuals who have performed nursing or nursing-related services within the last 24 months are eligible to remain listed on the nurse aide registry, we are again asking employers (adult care homes and home health agencies) to provide verifications. Listings of certification numbers, social security numbers, and names and addresses for credentialed individuals (CNAs, HHAs, and CMAs) working at least 8 hours during the period January 1, 1996 to June 30, 1996 are to be sent to the Health Occupations Credentialing Unit by July 31, 1996. A sample form is included, but computer printouts that include this same information are acceptable. If you have questions, please call Pam Oswalt (296-1251) or Marcia Boswell-Carney (296-6647).

### **Fees**

The Health Care Financing Administration (HCFA) Kansas City Regional office has provided this office with clarification regarding the use of employment contracts for nurse aides in nursing facilities. According to HCFA, requiring a nurse aide to sign a contract stating they will work at the facility for a specified period to offset costs of their nurse aide training is in violation of 42 CFR 483.154 (c)(2), and this practice must be discontinued. This regulation has been in place since October 1990. A means has been provided for the facility to receive reimbursement for training costs through Medicare/Medicaid cost reports.

Identification Slips **may not** be withheld from a student for monetary reasons. If a student has completed a training course, they must be allowed to take the Examination. However, a written policy that the student signs prior to the course stating unpaid training fees will result in an incomplete course grade is acceptable, provided that the policy did not mention denying access to the Examination.

### **60 Hour Medication Aide Course**

HOC is assuming the administration of the 60 Hour Medication Aide course from the Department of Education. HOC and the Department of Education are putting together a letter for providers explaining the change and providing the new required forms. Courses and instructors **will** need to be approved prior to courses being offered. Please contact Eric Aspegren at (913) 296-0056 with any questions.

### **Sponsorship Program**

HOC is finishing details of the Sponsorship program for Aide courses. The program should be ready for implementation on July 1, 1996, and will be a one year pilot. Any school or facility that has offered 6 or more Nurse Aide courses within the last year is eligible to become a part of the Sponsorship pilot program. The pilot program will not require a fee, however future renewals are expected to be fee-based.

A Sponsorship program training workshop will be held on July 31, 1996 at the Kansas Vocational Association convention in Wichita. Allied Health coordinators at schools and facilities interested in becoming sponsors for aide programs are encouraged to attend this workshop. Contact Lois Mallory at Wichita Area Technical School (316-833-4372) to sign up for this workshop. Associations or schools interested in sponsoring future Sponsorship program training workshops should contact Eric Aspegren, (913) 296-0056, for information.

### **CNA/HHA Training Pilot Project**

The departments of Health and Environment, Social and Rehabilitation Services (SRS) and Kansas State University are working on a project to provide certified nurse aide and home health aide training to approximately 1,300 SRS staff that will be unemployed due to a shift of program administration to the Department on Aging. The project will include a unified CNA/HHA curriculum and distance learning as well as traditional delivery methods. The coordinators of the project hope to be scheduling courses soon, and to have all of the SRS workers trained and tested in January 1997.

### **Resources for Quality Care**

#### **1995 Food Code**

The Food and Drug Administration (FDA) and the U.S. Public Health Service update the Model Food Code every two years. The Food Code contains FDA's latest device for preventing foodborne illness in institutions. The 1995 code is not significantly different from the 1993 Food Code. The 1995 version, spiral bound (PB 95-265492) is available from the National Technical Information Service, Springfield, VA 22161. Cost is \$25 plus \$4 handling, (703) 487-4650).

**Note: Kansas regulations and federal Interpretive Guidelines continue to reference the 1976 version of the Food Code. The revised codes do, however, set new standards of practice.**

ANE ISSUE STATISTICS 3/1/96 to 5/31/96			
<u>ANE Investigations</u>		<u>Care Issues Investigated</u>	
<b>Total</b>	<b>252</b>	<b>Total</b>	<b>313</b>
<b>March</b>	<b>80</b>	<b>March</b>	<b>89</b>
<b>April</b>	<b>75</b>	<b>April</b>	<b>117</b>
<b>May</b>	<b>97</b>	<b>May</b>	<b>107</b>

*Licensure Category	Civil Penalties				Correction Orders			
	1st	2nd	3rd	4th	1996 Quarters			
Inadequate or inappropriate hygiene and skin care	5				32			
Inadequate or unqualified staffing	1				12			
Inoperable or inaccessible call system	-				2			
Inappropriate or unauthorized use of restraints	-				11			
Unsafe medication administration or storage	-				6			
Inadequate nursing services other than skin care	1				48			
Inadequate or inappropriate asepsis technique	-				8			
Inadequate or inappropriate dietary/nutritional services	2				23			
Unsafe storage of hazardous or toxic substances	-				2			
Failure to maintain equipment	2				9			
Resident right violations	3				7			
Unsafe high water temperature	2				9			
Inadequate hot water	-				-			
General sanitation and safety	1				4			
Other (including inappropriate admission)	-				-			
Inadequate rehabilitation services	-				1			
Civil Penalties	13							
Correction Orders					77			
Bans on Admission	3							
Denials	4							

\* A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.